

Application for Reciprocal Certification

1. Read all instructions and questions before filling out this application. 2. Please type or print(in ink) all answers. 3. Applications must be filled out completely. Answer each of the questions. If a question is not applicable, write NA. Incomplete applications will be returned. 4. Send this application accompanied with a copy of your current operator certificate and transcripts to: Rhode Island Department of Health/Office of Drinking Water Quality/Three Capitol Hill/Providence, R.I./02908-5097.

Application Information

Last Name _____ First _____ M.I. _____
Title _____
Home Address _____ Street _____ Apt. # _____
City/Town _____ State _____ Zip _____

Work Address _____ Street _____ Apt. # _____
City/Town _____ State _____ Zip Code _____
Employer _____
Work Telephone # _____ Home Telephone # _____

Education

Check the highest grade completed.

1. Grade School:

() 1 () 2 () 3 () 4
() 5 () 6 () 7 () 8

2. High School:

() 9 () 10 () 11 () 12

Do you have a High School Diploma or Equivalent? () Yes () No

3. College or University:

a. Degree:*

() AS () BS () MS () AA () BA () MA

* Copy of diploma MUST accompany all applications for Class 4 certification.

b. If no degree, # of Semester Hours Completed.** _____

** College transcript MUST accompany all applications for Class 4 certification.

Operator Grade Information

1. State in which you are currently a certified operator:

2. Present grade(s) and type(s) of certification:

3. What score did you receive on your examination?

4. Date passed: _____

5. Expiration date of certification:

6. Certification board contact person from your state:

Name _____

Phone Number _____

2. Grade for which you are requesting reciprocity.

() 1T () 2T () 3T () 4T

Treatment (Check only one)

() 1D () 2D () 3D () 4D

Distribution

Experience

Furnish in following spaces a record showing in c
had which involved drinking water treatment or d
Make additional copies of this page, as needed to

FOR OFFICE USE
ONLY

Received _____

Cert. Fee _____

Appl. No. _____

Cert. No. _____

I. Present Position:

Title

Date (when did this position begin)

Employer's Name

Address

City/Town State Zip Code

1. a. Are you an operator? () Yes () No

b. Grade(s) of license(s) held:

If yes to #1, answer the following questions:

c. What is the classification of the Public Water System?

Distribution: () 1D () 2D () 3D () 4D

Treatment: () 1T () 2T () 3T () 4T

d. What is the Public Water System ID Number?

e. How many years have you worked as an operator of this system?

f. Do you supervise employees? () Yes () No

2. List duties and responsibilities:

II. Previous Position:

Title

Date (when did this position begin)

Employer's Name

Address

City/Town State Zip Code

1. a. Were you an operator? () Yes () No

b. Grade(s) of license(s) held:

If yes to #1, answer the following questions:

c. What is the classification of the Public Water System?

Distribution: () 1D () 2D () 3D () 4D

Treatment: () 1T () 2T () 3T () 4T

d. What is the Public Water System ID Number?

e. How many years have you worked as an operator of this system?

f. Did you supervise employees? () Yes () No

2. List duties and responsibilities:

Affidavit

"I _____, do solemnly swear
(print name)

(affirm) that I am the applicant named in this application: that I have made or read the contents hereof, and to the best of my knowledge and belief the foregoing statements and answers are true in substance and effect and are made in good faith. I understand that misstatement of material facts may result in forfeiture of all rights to certification as a drinking water operator in Rhode Island.

Signature of applicant

Date